| ORGANIZATION | |
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| POSITION TITLE | JOB CODE |
| or EMPLOYEE'S NAME | _ |
| ALL EMPLOYEES are required to take the following Safety Provided by the Board Safety Office on the first day of New Employee Safety Training – Initial Hazard Communication * – Initial then every 3 Yea Fire Prevention, Emergency Action and Homeland Part I * - General Information: Initial Provided by the employee's supervisor on the first day Part II – Team/Building-specific information: In http://www.gs.sc.gov/webfiles/gs_0/policy/Fire | hire: ars thereafter Security Plan of hire: nitial then every 3 Years thereafter (reference the training outline - |
| DESIGNATED EMPLOYEES will also be required to be training | ined in accordance with this survey (see attached chart). |
| TEAM LEADER/SUPERVISOR(Signature) | DATE |

NOTES: (see attached chart)

Division Human Resources office Board Human Resources office

- "Initial" This safety training is required upon hire or first assignment, whenever there is a change, or whenever the employee demonstrates lack of proficiency. Other courses may be required by standard or policy on a recurring basis as noted, i.e., annually or every 2, 3 or 5 years thereafter.
- OSHA standard ^{(1),} SC state law ⁽²⁾, SC Budget and Control Board policy ⁽³⁾, and/or division policy require employees to take the following safety courses according to hazard exposure due to their assigned work activities. Supervisors are to ensure each individual employee's job and position descriptions accurately depict specific work activities and individual additional duties that require safety training.
- * Denotes this course may be available on-line through the Learning Board (http://bcb.xtention.net/lms/Default.aspx).
- Safety training requirements, registration and course transcripts will be managed through the Learning Board.

| ORGANIZATION | |
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| POSITION TITLE | JOB CODE |
| | |
| or EMPLOYEE'S NAME | |

| YES | NO | WORK ACTIVITY | REQUIRED COURSE | FREQUENCY |
|-----|----|--|---|--|
| | | Do these employees work in an administrative capacity, i.e., in an office at a desk with a computer? | Office Safety (3) * | Initial Only (3) |
| | | Do these employees perform maintenance, servicing or custodial duties in areas where there is asbestos? | Asbestos Awareness (1) * | Annual (1) |
| | | Are these employees required to lift packages over 20 pounds or is repetitive lifting involved in their duties? | Back Safety * | 3 Years ⁽³⁾ |
| | | Are these employees involved in an occupational exposure to blood, body fluids and/or other potentially infectious materials? (excludes unanticipated "Good Samaritan" acts) | Bloodborne Pathogens (1) (offered/optional: a one-time series of hepatitis B vaccine shots) | Annual (1) |
| | | Do these employees bodily enter confined spaces (pits, chases, or chambers where there are or could be hazards such as falls, flooding, gas or steam leaks, lack of oxygen, dangerous atmospheres, etc.)? | Confined Space Entry (1): Instruction (1) * Hands-On (1) Personal Protective Equipment (1) * | -Annual ⁽¹⁾ -Annual ⁽¹⁾ -Initial Only ⁽³⁾ |
| | | Do these employees monitor other employees who enter confined spaces (pits, chases, or chambers where there are or could be hazards such as falls, flooding, gas or steam leaks, lack of oxygen, dangerous atmospheres, etc.) and may have to rescue and provide emergency first aid care for victims from those spaces? | - Confined Space Entry (1): • Instruction (1) * • Hands-On (1) - First Aid-CPR-AED (1) - Personal Protective Equipment (1) * | -Annual ⁽¹⁾ -Annual ⁽¹⁾ -2 Yrs (AHA) ⁽³⁾ -Initial Only ⁽³⁾ |

| ORGANIZATION | | |
|--------------------|----------|--|
| POSITION TITLE | JOB CODE | |
| or EMPLOYEE'S NAME | | |

| YES | NO | WORK ACTIVITY | REQUIRED COURSE | FREQUENCY |
|-----|----|---|---|--|
| | | Do these employees drive a state vehicle on a regular basis (routine driver)? | - SC Driver License (2) - 8-Hour Driver Training (3) (Recommended for employees who drive any vehicle on official business) - 4-Hour Driver Refresher (3) | - 10 Years ⁽²⁾ -Initial ⁽³⁾ (NSC or AAA) -3 Years ⁽³⁾ |
| | | Do these employees drive a state vehicle with a gross weight over 26,000 pounds (including trailer) and/or that has airbrakes? | - SC Driver License (2) - Commercial Driver License (2) - 8-Hour Driver Training (3) (Recommended for employees who drive any vehicle on official business) - 4-Hour Driver Refresher (3) | - 10 Years ⁽²⁾ - 5 Years ⁽²⁾ -Initial ⁽³⁾ (NSC or AAA) -3 Years ⁽³⁾ |
| | | Do these employees drive a 15-passenger or ADA van? | - SC Driver License ⁽²⁾ - Driver Training (8-Hour) ⁽³⁾ - 4-Hour Driver Refresher ⁽³⁾ - Van Driver Safety Course ⁽³⁾ | - 10 Years ⁽²⁾ - Initial ⁽³⁾ (NSC or AAA) -3 Years ⁽³⁾ - Recommended (Initial) ⁽³⁾ |
| | | Do these employees maintain or service the electrical energy source or operating controls to equipment, lighting or a building's electrical system? | - Electrical Safety (1) * - Lockout-Tagout (1): • Instruction (1) * • Hands-On (1) - First Aid-CPR-AED (1) - Personal Protective Equipment (1) * | -3 Years ⁽³⁾ -Annual ⁽¹⁾ -Initial Only ⁽³⁾ -2 Yrs (AHA) ⁽³⁾ -Initial Only ⁽³⁾ |

| ORGANIZATION | |
|--------------------|----------|
| POSITION TITLE | JOB CODE |
| | |
| or EMPLOYEE'S NAME | |

| YES | NO | WORK ACTIVITY | REQUIRED COURSE | FREQUENCY |
|-----|----|--|---|---|
| | | Do these employees maintain or service equipment with hazardous energy sources (electrical, mechanical, pneumatic, fluids, gases, hydraulic, thermal, and/or gravity)? | Lockout-Tagout: Instruction (1) * Hands-On (1) Personal Protective Equipment (1) * | -Annual ⁽¹⁾ -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees work 4 feet or more above a lower level, i.e., on rooftops, raised platforms, etc. that do not have appropriate guardrails or walls? | Personal Fall Protection: • Instruction (1) * • Hands-On (1) - Personal Protective Equipment (1) * | -Annual ⁽³⁾ -Annual ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees work out of powered platforms, man-lifts and/or vehicle-mounted work platforms, i.e., a bucket truck or from an aerial or scissors lift? | Personal Fall Protection: • Instruction (1) * • Hands-On (1) - Personal Protective Equipment (1) * - Aerial Lift Safety (1) | -Annual ⁽³⁾ -Annual ⁽³⁾ -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees work from a scaffold? | Personal Fall Protection: • Instruction (1) * • Hands-On (1) - Personal Protective Equipment (1) * - Scaffold Safety | -Annual ⁽³⁾ -Annual ⁽³⁾ -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees climb fixed or portable ladders? | Ladder Safety (1) * | Initial Only (3) |

| ORGANIZATION | | |
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| POSITION TITLE | JOB CODE | |
| or EMPLOYEE'S NAME | | |

| YES | NO | WORK ACTIVITY | REQUIRED COURSE | FREQUENCY |
|-----|----|--|--|--|
| | | Do these employees operate any type of powered grounds maintenance equipment (push or riding lawn mower, leaf blower, string trimmer, edger, etc.)? | -Grounds Maintenance • Instruction (3) * • Hands-On (3) - Personal Protective Equipment * | -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees work in a high heat-index environment (temperatures above 80 degrees F in combination with over 40 percent humidity)? | -Heat Stress ⁽³⁾ * -Environmental Emergencies ⁽³⁾ (included in AHA 1st Aid course) | -Initial Only ⁽³⁾ -2 Years ⁽³⁾ |
| | | Are these employees involved in exposure to noise at or above an 8-hour time-weighted average of 85 decibels? | - Personal Protective Equipment * (Hearing) | Annual (1) |
| | | Do these employees operate a forklift, powered lift or pallet jack? | Powered Industrial Truck: • Instruction (1) * • Evaluation (1) - Personal Protective Equipment (1) * | -3 Years ⁽¹⁾ -3 Years ⁽¹⁾ -Initial Only ⁽³⁾ |
| | | Are these employees subject to exposure to lead at or above the action level? | - Lead Safety - Personal Protective Equipment (1) * | -Annual ⁽¹⁾ -Initial Only ⁽³⁾ |
| | | Are the eyes, face, head, body and/or extremities of these employees involved in hazardous exposure to the environment, chemicals, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact, etc.? | Personal Protective Equipment (1) * | Initial Only (3) |
| | | Do these employees work with stationary or portable power or hand tools such as saws, drill presses, lathes, presses, etc.? | -Tool Safety ⁽³⁾ * - Personal Protective Equipment ⁽¹⁾ * | -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |

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| POSITION TITLE | JOB CODE | |
| | | |
| or EMPLOYEE'S NAME | | |

| YES | NO | WORK ACTIVITY | REQUIRED COURSE | FREQUENCY |
|-----|----|---|---|--|
| | | Do these employees work with tools that are powder actuated? | -Tool Safety (3) * - Personal Protective Equipment (1) * | -Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do these employees apply or supervise those who apply Restricted Use Pesticides? | Respiratory Protection (1)* Fit Test (1) Medical Examination (1) Non-Commercial Pesticide Applicator Certification (2) Personal Protective Equipment (1) * | -Annual (1) -Annual (1) -Initial Only (1) -5 years (2) -Initial Only (3) |
| | | Do your employees solder or braze? | -Welding Safety (1) * - Personal Protective Equipment (1) * | - Initial Only ⁽³⁾ -Initial Only ⁽³⁾ |
| | | Do your employees weld? | - Welding Safety (1) * - Personal Protective Equipment (1) * | -Initial Only ⁽¹⁾ -Initial Only ⁽³⁾ |
| | | Do your employees perform fire watch for welding operations? | - Portable Fire Extinguisher (1) - Personal Protective Equipment (1) * | - Annual ⁽¹⁾ -Initial Only ⁽³⁾ |
| | | Do these employees supervise or manage other employees exposed to any of the above workplace hazards? | -Safety and Worker's Compensation for Managers and Supervisors (3) | -Initial Only (3) |
| | | Are these employees subject to any other hazards in the workplace? | - Personal Protective Equipment (1) * - OSHA Standard for related subject matter can be found at the following web-site: http://www.osha.gov/comp-links.html | - Initial Only ⁽³⁾ - Per OSHA standard |